
ADULT CARDIAC ARREST

FIELD ASSESSMENT/TREATMENT INDICATORS

Non-traumatic setting

BLS INTERVENTIONS

1. Assess patient, maintain appropriate airway, begin CPR according to AHA 2005 Guidelines
 - a. Ventilation rate shall NOT exceed 12/min
 - b. Ventilatory volumes shall be the minimum necessary to cause chest rise.
2. If available, place AED and follow Protocol Reference #6301 AED. CPR is **not** to be interrupted except briefly for rhythm assessment.

ALS INTERVENTIONS

1. Initiate CPR for 2 minutes if no CPR in progress and response time over 5 minutes
2. Establish advanced airway with minimal interruption to CPR. After advanced airway established, compressions would then be continued at 100 per minute without pauses during ventilations.
3. Determine cardiac rhythm, proceed to appropriate intervention

Ventricular Fibrillation/Pulseless Ventricular Tachycardia

1. Defibrillate at 200 joules (or biphasic equivalent per manufacture).
2. Perform CPR for 2 minutes.
3. Administer Epinephrine 1.0mg IV/IO; repeat every 5 minutes.
4. Reassess rhythm, if VF/VT persists defibrillate at 300 joules (or biphasic equivalent per manufacture).
5. Perform CPR for 2 minutes.
6. Reassess rhythm, if VF/VT persists defibrillate at 360 joules (or biphasic equivalent per manufacture).
7. Perform CPR for 2 minutes.
8. For documented Torsades de Pointe, administer Magnesium Sulfate 2gms in 100ml NS over 5 minutes IV/IO.
9. Administer Lidocaine 1mg/kg IV/IO. May repeat at 0.5mg/min every 5 minutes to maximum dose of 3.0mg/kg.

Pulseless Electrical Activity (PEA) or Asystole

1. Assess for reversible causes and initiate treatment
2. Continue CPR with evaluation of rhythm every 2 minutes
3. Administer fluid bolus of 300cc NS IV, may repeat.
4. Administer Epinephrine 1.0mg IV/IO; repeat every 5 minutes.
5. Administer Atropine 1.0mg IV/IO; repeat every 5 minutes, maximum 3.0mg (for asystole or PEA rate <60).
6. Consider termination of efforts if patient remains in PEA, asystole (confirm in two leads), or other agonal rhythm after successful intubation and initial medications without a reversible cause identified.

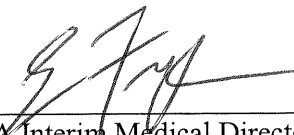
Utilize the following treatment modalities while managing the cardiac arrest patient:

- If unable to establish IV/IO, medications may be administered via ET per protocol Reference #4013 Tracheal Instillation of Medications.
- Obtain blood glucose, if indicated administer Dextrose 50% 25gms IV
- Insert NG/OG Tube to relieve gastric distension per Protocol Reference #4021 Insertion of NG/OG Tube.
- Naloxone 2.0mg IV/IO for suspected opiate overdose

NOTE

1. For continued signs of inadequate tissue perfusion after successful resuscitation a Dopamine infusion of 400mg in 250ml of NS may be initiated at 5-20 mcg/kg/min IV to maintain signs of adequate tissue perfusion.
2. Base hospital physician may order additional medications or interventions as indicated by patient condition.
3. Base hospital contact is required to terminate resuscitative measures. A copy of the EKG should be attached to the PCR for documentation purposes.

APPROVED


ICEMA Interim Medical Director 8/28/06
Date


ICEMA Executive Director 8/28/06
Date